EKTG Symposium Report: Final Summary –
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It is impossible to summarise 2 days of presentation and discussion without missing out some important points so please forgive any omissions.

We have spent two days talking about building the European digital health environment and how we might possibly turn best practice into mainstreamed implementation.

The success we have achieved is down to the quality of the speakers and the audience, so thank you all for your important contribution.

We started the Conference by demonstrating the power and reach of technology with the excellent remote presentation from Per Hasvold from an office in Geneva.

It was this global top-down view of what needed to be achieved that set the tone for the whole meeting. The key message was 'collaboration across Europe and the world to benefit society'.

We then set about putting the issues into context with our session on Awareness where we heard about the millions being invested successfully in innovation and R&D by the AAL in Europe and Innovate UK in our local economy.

We also heard about the challenges presented by ageing demographics and the need to be more inclusive with regard to the differing needs of different Partner States and the need for improved analysis and mission-driven programmes influenced by end-users interacting with technology developers.

We heard about the Living Lab around Lake Constance which provides an ideal test-bed for new and prospective innovations. And we heard positively about using technology to enhance patient self-care in diabetes.

We heard about GARI and the mobile devices bringing mHealth services to the user and the need for accessibility and ease of use to make technology and information acceptable to the end-user.

A key theme of Day 1 was also the research that suggested that products and services enhancing autonomy and social cohesion are common denominators for success, targeting both consumers across the lifespan and the younger people who care for them.

And we also heard that the urban environment and its future planning and development have a significant impact on people's physical and mental health as well as their ability to access appropriate health-related services.

We also heard about the importance of health data collection in both the home and mobile environment to enable optimised care delivery.

In parallel sessions we heard about EU-funded projects fostering ICT adoption by public authorities aiming to increase independent living among older adults. And the technologies introduced with some success in the STOP and GO programme in Liverpool where the focus is on procuring services enabled by technology instead of just innovative technology itself.

We heard about programmes from a number of EU countries around measuring impacts rather than activities and about some of the eHealth services being offered and procured, which provides inspiration and example for us all.

We also heard about how vast and complex some of our procurement organisations are and that although they are a rich seam of health expertise, how they sometimes work within silos and the problems of how we convert this brainware into useable software.

This was followed by a presentation about the scale and speed of advancement of technologies, but how these technologies have both advantages and disadvantages.

We heard about the introduction of a specific project around the Child Health Digital Strategy and the fundamental steps that have been taken to achieve interoperability around the eRedbook, to enable parents to make better informed choices for their child.

We also heard about the face recognition and facial reading technology as a non-invasive way of measuring a patient's vital signs.

We also heard about Florence and Annie and Edith allowing patients to use safe, proven techniques and methods to help patients to engage with and adhere to shared clinical management plans.

And plans for trials of a Social Diabetes Connect programme in Scotland, developed by a Spanish company.

All of these are great examples of sharing and collaboration with a European and Global reach.

We ended Day 1 with a session based on the premise that "it is important to have a sound idea, but the really important thing is the implementation".

We heard about the funding for the Digital Health Technology Catalyst provided by Innovate UK, and we asked the question whether there was adequate focus on money for implementation in addition to R&D.

We heard about programmes which work and have significant potential but haven't been able to achieve scale and we questioned how we create the eco system to allow companies to become successful and sustainable at scale.

We had an insight also into the future of AI and robotics and their potential impact on the future of care, but we also heard about the digital therapy skills gap and perhaps the role that gaming can play in closing this gap.

We started Day 2 with a strong focus on housing and creating communities where citizens of all ages have a contribution to make. There was a strong political message that Government policy is key to ensuring the right buildings are built and the right communities are created.

We also heard the strong message that AI will force a reappraisal of what human life is for and how technology should be used to help create a better life for all ages.

We heard that technology isn't new to Occupational therapists and house builders and we heard about some of the success and failures in both arenas.

We heard that success comes from a holistic approach which looks beyond our local horizons.

Whilst Lord Best highlighted the failure of the 'smart house' in Yorkshire, we heard from Brigitte Buhrlen about the 1 million smart homes in Germany by 2020. Showing that things can be achieved if there is a political will to achieve them.

We were also reminded of the need to read the research particularly the Guidelines for Accessible Technology and the European Blueprint for eHealth. We don't need to re-invent the wheel!

The pre-lunch session highlighted some of the problems to implementation at scale. Funding in general remains inadequate and where there is funding, the funding models for housing and health and social care are often disjointed with conflicting priorities. A further issue is that our budget holders are not incentivised to take risk and to spend to save.

A key message was that it is not about being patient-centric or age-centric, it is about being people-centric and thinking about creating holistic communities in which people of all ages can feel that they can contribute, feel secure, healthy and supported, and not isolated.

A further message was that technology has a role to play in creating a better society for everyone, but it is not a solution on its own.

Solutions must be demand oriented and digital literacy should be systematically promoted, and provider expectations should be realistic.

We heard about the progress in the creation of what people are calling 'smart cities' piloting and iterating to deliver products and solutions that people want and need and which respond to change instead of trying to find perfection before you start.

We heard about sensor-based technology and the use of advanced machine learning techniques to help learn and monitor behaviour patterns. And how we can deliver services that reside in a smart city infrastructure by considering integrated health services that span multi-stakeholder interests. It is the implementation of services that impact multiple stakeholders and multiple budgets that often leads to frustration and difficulty.

We have heard about programmes for the 5-year olds to the 105-year olds and by the similarity between the issues and the solutions. Inclusivity was a key message as was the message that current models of care do not necessarily promote partnership. Creating a clear holistic picture without barriers was a key message.

The final session was a truly European approach to Education and the Future. We heard about how, without a knowledge of health informatics, doctors and other healthcare professionals will find it difficult to keep pace with or capitalise on the advances in technology and the need for new models of care and research. And we heard about the Digital academy to train the next generation of digital health leaders and the need to create a learning health environment based around patient-centred care.

We heard about the first Greek e-library in gerontology and geriatrics based around the need to establish a resource for policy makers, the public and researchers. Is there an exemplar here for other countries? It was a great example of how you could bring together a great deal of information and knowledge and what you can achieve with limited funds.

We heard about the Swiss approach to the education of professional staff and end-users of AAL solutions. This has helped counteract the doubt and mistrust of telemedicine and e-Health.

Successful implementation of AAL solutions relies on the good education of professional staff to create acceptance, understanding and confidence. This will allow people to live in their own homes for as long as possible.

Finally, we heard about creating an innovative eco system for social welfare in Estonia and how this shows that best practice can be implemented at scale when there is a combined political and community will to do so. The social and financial pressures were there for all to see and the challenges were obvious. What was also clear was that the challenges were not seen as barriers but as opportunities.

We saw that state policy towards an innovative eco system was successfully implemented despite the risks and failures along the way. All stakeholders were involved in finding solutions that worked, which created true commitment to overcome silos.

The key question is how we share this experience and how we exploit it for the benefit of our own citizens.

Finally, we have come a long way since our last conference in 2016. Best practice is out there, but it is not necessarily obvious or understood and turning it into mainstreamed implementation is both difficult and multi-faceted. But we have to keep trying and that requires us to ask you all what you are going to do and who are you going to collaborate with to make sure that we continue to make progress towards mainstreamed implementation of the brilliant initiatives and programmes we have heard about here.